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NORTHERN	TATES DISTRICT DISTRICT OF CAI CAND 435 AND Rev. 08/2018)		TRANSCRIPT ORDER Please use one form per court reporter. CJA counsel please use Form CJA24 Please read instructions on next page.									COURT USE ONLY DUE DATE:					
1a. CONTACT PERSON FOR THIS ORDER 2a. Co					CONTACT PHONE NUMBER						3. CONTACT EMAIL ADDRESS						
1b. ATTORNEY	2b. ATTORNEY PHONE NUMBER						3. ATTORNEY EMAIL ADDRESS										
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE)						5. CASE NAME							6. CASE NUMBER				
			8. THIS TRANSCRIPT ORDER IS FOR:														
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX) $ ightarrow \Box$ FTR							□ APPEAL □ CRIMINAL □ In forma pauperis (NOTE: Court order for transcripts must be attached) □ NON-APPEAL □ CIVIL CJA: <u>Do not use this form; use Form CJA24</u> .										
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:																	
						FORMAT(S) (NOTE: ECF access is included irchase of PDF, text, paper or condensed.)				c. DELIVERY TYPE (Choose one per line)							
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full heari specify portion (e.g. witness or ti	ing, (email ime)		XT/ASCII email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME	
				0		0	0	0	0	0	0	0	0	0	0	0	
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				0		0	0	0	0	0	0	0	0	0	0	0	
10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:																	
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional). 11. SIGNATURE												12. DA	12. DATE				
II. SIGNATURE																	